

UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

VTN-570

First Inventor

Turner

Title

ANTIMICROBIAL LENSES AND METHODS OF THEIR USE

Express Mail Label No.

EL691442259US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Pat nts
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 38]
(Preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages 3]
 - a. ☒ Newly unexecuted (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement
(IDS)/PTO-1449 ☐ Copies of IDS
- Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other

6. ☐ Application Data Sheet. See 37 CFR 1.76

18. ☒ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Provisional prior application No. 60/309,642, filed August 2, 2001

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

- ☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

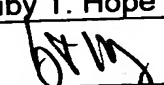
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson
One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Ruby T. Hope at:
Telephone: (732) 524-1024 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Ruby T. Hope Reg. No. 34,350

SIGNATURE 

DATE December 21, 2001

37 CFR 1.53(b) PTO
10/029526

12/21/01

FEE TRANSMITTAL*Complete if Known*

Application Number	
Filing Date	December 21, 2001
First Named Inventor	Turner
Group Art Unit	
Examiner Name	
Attorney Docket Number	VTN-570

FEE CALCULATION

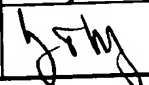
CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	52- 20 =	32	x 18.00	\$576.00
INDEPENDENT CLAIMS	11 - 3 =	8	x 84.00	\$ 672.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$1,988.00

METHOD OF PAYMENT

☒ Please charge Deposit Account No. 10-0750/VTN-570/RH in the amount of \$1,988.00
Three copies of this sheet are enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/VTN-570/RH. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Ruby T. Hope	Reg. No. 34,350
Signature		Date: 12/21/01
		Deposit Account No. 10-0750